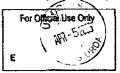
epartment of Labor of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is grandatory under P.L. 86-257, as emended. Failure to comply may result in criminal prosecution, thes, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2526 ?.	2. Fiscal Year Covsred From:
	07 / 37 / 205 Through: [2/37 / 205
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Christopher M. Headley	Name CWA Local 6411
	Labor Organization File Number 03/-4/2
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Floorn Number, if any
Street 225 W. Minnscapolis Ave.	Street 225 W. Minneapolis Ave
CIN Solina	Cay Soling
State 25 2P Code + 4 6740/	State
5. Position in tabor organization. President	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other oconomic benefit of monetary value from an employer whose amployees your organization represents or is actively seeking to represent.	
A. Held en interest in, engaged in transactions (arcading loans) with, or	detailed theories of onial adducture penetry of
monetary value from an employer whose amployees your organization	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
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6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (includin 3 tiede name, if any). Name ATAT Lausses Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (includin 3 trade name, if any). Name ATAT Kausa S	7.a. Nature of Interest, Transaction, or Income. Travel + Mesi Exposes assaided with Company - Union Co-operative Droblem Solving + Process Improvement
6. Name and address of Employer (includin 3 tiede name, if any). Name ATAT Lausses Trade Name, if any:	7.a. Nature of Interest, Transaction, or income. Travel + Meel Exposes assaided with Company - Union Co-operative Arabien Solving + Fraces Improvement Meetings
6. Name and address of Employer (includin 3 trade name, if any). Name AT T Kansas Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or income. Travel + Meel Exposes assaided with Company - Union Co-operative Arabien Solving + Fraces Improvement Meetings
6. Name and address of Employer (including trade name, if any). Name ATAT Kausas Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2005 670 AVE	7.a. Nature of Interest, Transaction, or Income. Travel + Meel Expenses assaided with Company - Union Con-operative Problem solving + Process Improvement Meetings 7.b. Amount.
6. Name and address of Employer (including trade name, if any). Name ATAT Kausas Trade Name, if any: P.O. Box, Bldg., Room No., if any Street AOSE 6TH ANG City Topeka State KS 2 P Code +4 66603	7.a. Nature of Interest, Transaction, or Income. Travel + Mezi Expanses assaided with Company - Union Congentive Problem Solving + Process Improvement Meetings 7.b. Amount.
6. Name and address of Employer (including trade name, if any). Name ATAT Karisas Trade Name, if any: P.O. Box, Bldg., Room No., if any Street AOSE 64 AV City Topeka State KS 2 P Code +4 66603 Signature and verification. The undersigned declares, under penalty of	7.a. Nature of Interest, Transaction, or Income. Travel + Meel Exposes assaciated with Company - Union Co-operative Robber Solving + Frocess Improvement Meetings 7.b. Amount. B 923.30 Perjury and other applicable penalties of the law, that all of the information rying documents), has been assarded by the signatory and is, to the best of the

8. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, celling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or setting or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street	11. b. Approximese doller value of such dealing.	
State ZP Code + 4	12.a. Nature of interest held or income received.	
C. Received from any employer (other than an employer covered under parts A and B above)		
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZiP Code +4	14.a. Nature of payment.	
12 h le the Suringer na Employer 7	14.b. Amount of payment.	

File Number U-

tame of Person Filing